

Mayer

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043827

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED

Registration District No. 314

Primary Registration District No. 6067

Registrar's No. 69

FILED DEC 6 1962

## 1. PLACE OF DEATH

a. COUNTY St. Clair

b. CITY (If outside corporate limits, give TOWNSHIP only)

Speedwell Township

Length of stay in 1b

5 years

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Taberville, Mo.

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY St. Clair

c. CITY OR TOWN Speedwell Township

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Taberville, Mo.

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)First MIDDLE Last  
HENRY JASPER BOYLES4. DATE OF DEATH  
November 15, 19625. SEX  
Mle6. COLOR OR RACE  
White7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐8. DATE OF BIRTH  
4/27/809. AGE (last birthday)  
82IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Farm

11. BIRTHPLACE (City and state or country)

Henry Co. Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Ashley Boyles

13b. MOTHER'S MAIDEN NAME

Matilda Crouse

14. NAME OF HUSBAND OR WIFE

Deceased Maud Thomas Boyles

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT  
A.P. Boyles Taberville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Myocardial failure

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Arteriosclerosis heart disease

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Generalized arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/21/61 to 11/15/62 and last saw her alive on 11/11/62  
Death occurred at 7 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Robert L. Mayer

(Degree or title)

M.D.

22b. ADDRESS

El Dorado Springs, Mo.

22c. DATE SIGNED

11/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Nov 18, 1962

23c. NAME OF CEMETERY OR CREMATORY

Maplewood

23d. LOCATION (City, town, or county)

Brownington Missouri

(State)

24. FUNERAL DIRECTOR

Consalus

Clinton, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

11/26-62

26. REGISTRAR'S SIGNATURE

Robert L. Mayer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eugene R. Connelley

Licensed Embalmer No. 4680

P. O. Address Cincinnati

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.